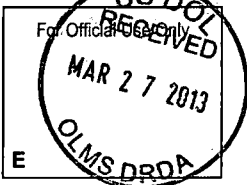


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.  
Required of persons including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

519954

1. File Number C- <input type="text" value="00738"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2012"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name: <input type="text" value="Jacob"/> <input type="text" value="M"/> <input type="text" value="Monty"/>	4. Any other address where records necessary to verify this report are kept:
Title: <input type="text" value="Manager"/>	Name: <input type="text"/>
Organization: <input type="text" value="Latino Labor Persuaders LLC"/>	Title: <input type="text"/>
P.O. Box, Building and Room Number, if any: <input type="text" value="Fourth Floor"/>	Organization: <input type="text"/>
Street: <input type="text" value="150 W Parker Rd."/>	P.O. Box, Building and Room Number, if any: <input type="text"/>
City: <input type="text" value="Houston"/>	Street: <input type="text"/>
State: <input type="text" value="Texas"/> ZIP Code + 4: <input type="text" value="77076-2951"/>	City: <input type="text"/>
	State: <input type="text"/> ZIP Code + 4: <input type="text"/>

### Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).

17. Signed	18. Signed _____
Title: <input type="text" value="Other (Specify)"/> <input type="text" value="Manager"/>	Treasurer (If other title, see instructions): <input type="text"/>
On <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2013"/> <input type="text" value="(713) 691-7118"/>	On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>
Date Telephone Number	Date Telephone Number

Name of Person Filing: Jacob Monty	File Number C- 00738
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**B. Statement of Receipts** Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

Employer  P.O. Box, Building and Room Number, if any

Trade Name  Street

Attention To  ☐  City

Title  State  ZIP Code + 4

5.b. Termination Date  5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 547,125

**C. Statement of Disbursements** Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals		
Jacob <input type="checkbox"/> M <input type="checkbox"/> Monty	80,281	7,625	87,906	9. Office and Administrative Expenses	53,163
Geraldine <input type="checkbox"/> Ransom	46,667	2,510	49,177	10. Publicity	0
Alma <input type="checkbox"/> A <input type="checkbox"/> Cruz	5,247	0	5,247	11. Fees for Professional Services	183,182
Lauren <input type="checkbox"/> A <input type="checkbox"/> Rosenfeld	11,561	0	11,561	12. Loans Made	0
<input type="checkbox"/> <input type="checkbox"/>				13. Other Disbursements	0
8. Total disbursements to officers and employees:			153,891	14. Total Disbursements (Sum of Items 8-13)	390,236

**D. Schedule of Disbursements for Reportable Activity** Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid

Name  ☐

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State  ZIP Code + 4

15.d. Amount

15.e. Purpose

Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 326,053

Name of Person Filing: Jacob Monty		File Number C- 00738	
<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.			
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Hall's Culligan Water - Culligan of Sylmar		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 15580 Rexford Street	
Attention To: Chris Layton		City Sylmar	
Title Consumer Services Professional.		State California ZIP Code + 4 91342-1263	
5.b. Termination Date ongoing		5.c. Amount 173,399	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer IFCO SYSTEMS N.A., INC.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 13100 Northwest Freeway	
Attention To: David Russell		City Houston	
Title President - North America		State Texas ZIP Code + 4 77040-6310	
5.b. Termination Date December 23, 2012		5.c. Amount 40,273	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Katch Kan, USA		P.O. Box, Bldg., Room No., if any	
Trade Name		P.O. Box 1669	
Attention To: Mark Fischer		Street	
Title Executive Vice President		City Montgomery	
		State Texas ZIP Code + 4 77356-1669	
5.b. Termination Date November 8, 2012		5.c. Amount 119,047	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Maximus Coffee Group, LP		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 3900 Harrisburg	
Attention To: Leo Vasquez		City Houston	
Title Executive Vice President		State Texas ZIP Code + 4 77003-2638	
5.b. Termination Date October 18, 2012		5.c. Amount 24,000	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Packers Sanitation Services, Inc		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 3681 Prism Lane	
Attention To: Amy Lowe		City Keiler	
Title Vice Pres.- Compliance & Training		State Wisconsin ZIP Code + 4 53812	
5.b. Termination Date April 30, 2012		5.c. Amount 112,966	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Permanent Solutions Labor Consultants, Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name on behalf of Arc of Monroe County		Suite 374	
Attention To: Amed D Santana		Street 23772 West Road,	
Title Director of Operations		City Brownstown Township	
		State Michigan ZIP Code + 4 48183-3050	
5.b. Termination Date June 30, 2012		5.c. Amount 20,000	

Name of Person Filing: Jacob Monty		File Number C- 00738	
<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.			
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Silva Sausage		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 5935 Rossi Lane	
Attention To: Rick Martins		City Gilroy	
Title Owner		State California ZIP Code + 4 95020-7014	
5.b. Termination Date July 21, 2012		5.c. Amount 16,416	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Government Resources Consultants of America		P.O. Box, Bldg., Room No., if any	
Trade Name on behalf-Allied Wastes of MA, LLC		Street 253 Commerce Dr.	
Attention To: Raymond Rosenbach		City Grayslake	
Title Treasurer		State Illinois ZIP Code + 4 60030-7823	
5.b. Termination Date June 1, 2012		5.c. Amount 19,753	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Name of Person Filing: Jacob Monty

File Number C- 00738

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<b>15.a. Employer Name:</b> Silva Sausage	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Carlos <input type="checkbox"/> Ortiz <input type="checkbox"/> Title Consultant Organization Solutions Labor Relations Consultants  P.O. Box, Building and Room Number, if any Suite #210-106 Street 7426 Cherry Ave. City Fontana State California ZIP Code + 4 92336-4221	<b>15.d. Amount</b> 9,907  <b>15.e. Purpose</b> Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.

<b>15.a. Employer Name:</b> Hall's Culligan Water - Culligan of Sylmar	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Carlos <input type="checkbox"/> Ortiz <input type="checkbox"/> Title Consultant Organization Solutions Labor Relations Consultants  P.O. Box, Building and Room Number, if any Suite #210-106 Street 7426 Cherry Ave. City Fontana State California ZIP Code + 4 92336-4221	<b>15.d. Amount</b> 51,779  <b>15.e. Purpose</b> Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.

<b>15.a. Employer Name:</b> IFCO SYSTEMS N.A., INC.	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Carlos <input type="checkbox"/> Ortiz <input type="checkbox"/> Title Consultant Organization Solutions Labor Relations Consultants  P.O. Box, Building and Room Number, if any Suite #210-106 Street 7426 Cherry Ave. City Fontana State California ZIP Code + 4 92336-4221	<b>15.d. Amount</b> 6,505  <b>15.e. Purpose</b> Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.

Name of Person Filing: Jacob Monty

File Number C- 00738

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<b>15.a. Employer Name:</b> Government Resources Consultants of America	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Carlos <input type="checkbox"/> Ortiz <input type="checkbox"/> Title Consultant Organization Solutions Labor Relations Consultants  P.O. Box, Building and Room Number, if any Suite #210-106 Street 7426 Cherry Ave. City Fontana State California ZIP Code + 4 92336-4221	<b>15.d. Amount</b> 12,788  <b>15.e. Purpose</b> Professional fees and expenses earned related to the conducting of employee and supervisory group meetings for Government Resources of America, Inc., on behalf of Allied Waste Services of MA, LLC, wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.

<b>15.a. Employer Name:</b> Packers Sanitation Services, Inc.	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Laura <input type="checkbox"/> Garcia <input type="checkbox"/> Title Consultant Organization  P.O. Box, Building and Room Number, if any  Street 2805 Meade Dr. City Grand Prairie State Texas ZIP Code + 4 75052-8344	<b>15.d. Amount</b> 23,287  <b>15.e. Purpose</b> Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.

<b>15.a. Employer Name:</b> IFCO SYSTEMS N.A., INC.	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Laura <input type="checkbox"/> Garcia <input type="checkbox"/> Title Consultant Organization  P.O. Box, Building and Room Number, if any  Street 2805 Meade Dr. City Grand Prairie State Texas ZIP Code + 4 75052-8344	<b>15.d. Amount</b> 3,392  <b>15.e. Purpose</b> Professional fees and expenses earned in regards to the onsite visit made to the employer's facility in order to assess work environment.

Name of Person Filing: Jacob Monty

File Number C- 00738

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<b>15.a. Employer Name:</b> Hall's Culligan Water - Culligan of Sylmar	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Laura <input type="checkbox"/> Garcia <input type="checkbox"/> Title Consultant Organization P.O. Box, Building and Room Number, if any Street 2805 Meade Dr. City Grand Prairie State Texas ZIP Code + 4 75052-8344	<b>15.d. Amount</b> 53,460 <b>15.e. Purpose</b> Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.

<b>15.a. Employer Name:</b> Hall's Culligan Water - Culligan of Sylmar	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Guillermo <input type="checkbox"/> Herrera <input type="checkbox"/> Title Consultant Organization P.O. Box, Building and Room Number, if any Street 9427 Rested Grove Lane City Houston State Texas ZIP Code + 4 77095	<b>15.d. Amount</b> 32,916 <b>15.e. Purpose</b> Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.

<b>15.a. Employer Name:</b> Katch Kan USA	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Guillermo <input type="checkbox"/> Herrera <input type="checkbox"/> Title Consultant Organization P.O. Box, Building and Room Number, if any Street 9427 Rested Grove Lane City Houston State Texas ZIP Code + 4 77095	<b>15.d. Amount</b> 21,203 <b>15.e. Purpose</b> Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.

Name of Person Filing: Jacob Monty	File Number C- 00738
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**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<b>15.a. Employer Name:</b> <div style="border: 1px solid black; padding: 2px;">Packers Sanitation Services, Inc.</div>	<b>15.b. Trade Name, If any:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<b>15.c. To Whom Paid</b> Name <div style="border: 1px solid black; padding: 2px;">Johan</div> <div style="border: 1px solid black; padding: 2px;">Pena</div> Title <div style="border: 1px solid black; padding: 2px;">Consultant</div> Organization <div style="border: 1px solid black; height: 15px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">261 NW 57th Avenue,</div> City <div style="border: 1px solid black; padding: 2px;">Miami</div> State <div style="border: 1px solid black; padding: 2px;">Florida</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">33126-4857</div>	<b>15.d. Amount</b> <div style="border: 1px solid black; padding: 2px;">20,300</div> <b>15.e. Purpose</b> <div style="border: 1px solid black; padding: 5px;">           Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.         </div>

<b>15.a. Employer Name:</b> <div style="border: 1px solid black; padding: 2px;">Packers Sanitation Services, Inc.</div>	<b>15.b. Trade Name, If any:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<b>15.c. To Whom Paid</b> Name <div style="border: 1px solid black; padding: 2px;">Luis</div> <div style="border: 1px solid black; padding: 2px;">Camarena</div> Title <div style="border: 1px solid black; padding: 2px;">Consultant</div> Organization <div style="border: 1px solid black; height: 15px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">1975 Alderbrook Pl.</div> City <div style="border: 1px solid black; padding: 2px;">Chula Vista</div> State <div style="border: 1px solid black; padding: 2px;">California</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">91913-2325</div>	<b>15.d. Amount</b> <div style="border: 1px solid black; padding: 2px;">20,488</div> <b>15.e. Purpose</b> <div style="border: 1px solid black; padding: 5px;">           Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.         </div>

<b>15.a. Employer Name:</b> <div style="border: 1px solid black; padding: 2px;">Sysco Corporation</div>	<b>15.b. Trade Name, If any:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<b>15.c. To Whom Paid</b> Name <div style="border: 1px solid black; padding: 2px;">William</div> <div style="border: 1px solid black; padding: 2px;">Medrano</div> Title <div style="border: 1px solid black; padding: 2px;">Consultant</div> Organization <div style="border: 1px solid black; height: 15px; width: 100%;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px;">9424 Stahala Dr.</div> City <div style="border: 1px solid black; padding: 2px;">El Paso</div> State <div style="border: 1px solid black; padding: 2px;">Texas</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">79924-6010</div>	<b>15.d. Amount</b> <div style="border: 1px solid black; padding: 2px;">9,000</div> <b>15.e. Purpose</b> <div style="border: 1px solid black; padding: 5px;">           Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.         </div>



Name of Person Filing: Jacob Monty	File Number C- 00738
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**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: Cargill Meat Solutions, Columbus NE	15.b. Trade Name, If any: 
15.c. To Whom Paid Name Carlos <input type="checkbox"/> Ortiz Title Consultant Organization Solutions Labor Relations Consultants P.O. Box, Building and Room Number, if any Street 1529 23rd Street City Columbus State Nebraska ZIP Code + 4 68601-3517	15.d. Amount 17,671 15.e. Purpose Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.

15.a. Employer Name: 	15.b. Trade Name, If any: 
15.c. To Whom Paid Name <input type="checkbox"/> Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 0 15.e. Purpose

15.a. Employer Name: 	15.b. Trade Name, If any: 
15.c. To Whom Paid Name <input type="checkbox"/> Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose